

Commander's Authorization "Warfighter" Photorefractive Keratectomy (PRK) Program

_____, a member in your command, wishes to have laser vision correction surgery at a DoD "Warfighter" Corneal Refractive Surgery Center. **The policy letter The USAF "Warfighter" Photorefractive Keratectomy (PRK) Program dated 11 Dec 2001 should be reviewed prior completion of this authorization.** It outlines the purpose of this program, issues to consider before authorizing an individual to enter the program and procedures to be followed. Your signature on this form acknowledges an understanding of the policy and willingness to ensure compliance with the requirements of the program.

Access to the DoD laser centers is prioritized according to the Attachment 2 of the policy letter. **If an individual has ever been on flying or special operational duty status, he / she is Priority 1.** In your best judgment, indicate which prioritization category applies to this individual:

Priority 1 2 3 4 Member's AFSC Duty _____ Primary _____

To ensure a return on investment for the Air Force, an individual **should have one year retainability on active duty from the date of surgery.** The individual **must have 6 months IAW AFI 48-123.**

Current ADSC, projected separation / retirement date (whichever is earliest) _____

Participation in this program requires a considerable investment of time by the individual resulting in absences from duty. **These are the minimum requirements:**

Initial evaluation (Madigan Army Medical Center) – ½ day

Surgery – 1 week off work for PRK and 2 days for LASIK

Postoperative evaluations (local MTF) – 6 visits up to ½ day each in the first year

Recovery from surgery will impact the individual's activities. Expect some limitations on routine duties for up to one month depending on vision standards applicable to individual's AFSC. The wear of sunglasses outdoors for the first year is strongly recommended to prevent complications. **The individual will be off mobility for 1 month, up to 4 months** if on steroid eye drops and should not be assigned to isolated duty without access to USAF ophthalmology/optometry during that time period.

The member must bring this letter to the Madigan Army Medical Center Refractive Surgery Center (7 South) at the initial evaluation. Individuals will be required to re-accomplish this authorization letter if surgery is scheduled more than 3 months from the date it is signed.

Supervisor

Signature _____ Date _____

Unit Mobility Officer

Signature _____ Date _____

Commander

Name (print) _____ Unit _____

Signature _____ Date _____